

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		05/2/10
O.I.P.E. CLASSIFIER		49	6/5/10
FORMALITY REVIEW	JM	917	07-17-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
12	9
15	5
16	3
17	✓
18	✓
19	✓
20	✓
21	✓
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42	✓
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44	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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